

Comprehensive Assessment and Service Planning

Rhode Island Department of Children, Youth and Families

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The Rhode Island Department of Children, Youth and Families (DCYF) is mandated by federal and state law and Department policy to make reasonable efforts to prevent the child's removal from his/her home, to reunify the child and family and to make and finalize an alternate permanent placement when the child and family cannot be reunited. The Department utilizes a comprehensive assessment and service planning process for each child and family receiving DCYF services from the initial point of contact throughout case closure. This process is guided by principles of family-centered, culturally competent practice and utilizes standardized tools at various points throughout the Department's involvement with a family. Family represents the focus of all work and family members are engaged through the development and implementation of any plan. The family is defined broadly and includes biological parents, adoptive families, extended kinship networks, legal guardians and foster families.

Department staff engage families in accordance with DCYF's vision, mission and family centered practice principles. Department staff:

- Believe family engagement contributes to child safety, recognize that the family is the constant in the child's life and ensure that children maintain connections with those who matter to them;
- Partner with families and community providers through open, honest, respectful, ongoing discussions regarding rights, responsibilities, permanency, time frames and access to timely services to meet the safety needs of the children and families;
- Recognize and respect the racial, ethnic, cultural, sexual orientation and expression, special needs and socioeconomic diversity of all families and learn how such areas impact a family's parenting and decision making;
- Understand and incorporate the developmental needs of infants, children and adolescents and their families into service delivery systems;
- Link families to services that are flexible, culturally and linguistically competent and responsive to family needs;
- Continually assess family and child strengths, individual needs and modify plans accordingly; and
- Facilitate family and professional collaboration with formal, informal and natural supports, including family-to-family support and networking.

The comprehensive assessment and service planning process identifies, considers and weighs factors that affect child safety, permanency and well-being. This process recognizes patterns in behavior over time and examines family strengths and protective factors to identify resources that can support the family's ability to protect the children. A child is considered safe when evaluation of all available information leads to the conclusion that the child in his or her current living arrangement is not in immediate danger of harm and no interventions are necessary to ensure the child's safety. If the child is not safe, immediate interventions must be taken to ensure the child's safety. Safety interventions are responsive to the immediate and imminent danger of harm to the child and are not expected to impact identified risks of future harm. Risk assessments address the likelihood of future maltreatment. While safety concerns require immediate interventions to ensure that children are protected, risk of future harm is addressed over time with services that result in long-term positive behavioral changes.

Rhode Island General Law (RIGL) 42-72-10 and Department policy require a written Service Plan for the care and treatment of each child under the Department's supervision. Rhode Island Family Court Rules, Rules of Juvenile Proceedings: Rule 17C, requires a Service Plan be submitted within 30 (thirty) days when there is a finding of Dependency/Neglect/Abuse on a

petition filed by the Department. If a child is placed in substitute care, federal law (42 USC 675) and federal regulations (45 CFR 1356.21) require that each Service Plan for the child must include specific information to determine the appropriateness of and necessity for out-of-home placement. The Fostering Connections to Success and Increasing Adoptions Act of 2008 (PL 110-351) amended 42 USC 671 to require the State to make reasonable efforts to place siblings removed from their home in the same foster care, adoption or guardianship placement, or facilitate visitation or ongoing contacts with those that cannot be placed together, unless it is contrary to the safety or well-being of any of the siblings. PL 110-351 also requires the development of a transition plan for youth leaving DCYF care and the Patient Protection and Affordable Care Act (PL 111-148) amended 42 USC 675 to require that additional information be included in the transition plan. The Service Plan must include the following:

- A plan for assuring that the child receives safe and proper care and that appropriate services are provided to parents, child and foster parents;
- The health and education records of the child, to the extent available and accessible;
- Where appropriate, for a child age 16 or over, a written description of the program and services which will help prepare the youth for the transition toward a self-sufficient and productive adult life; and,
- In the case of a child with respect to whom the permanency plan is adoption, guardianship or another planned permanent living arrangement (APPLA), documentation of the steps the agency is taking to find an adoptive family or other permanent living arrangement.

The Department has an appeals process for parents/guardians and children, to the extent of their ability to participate, who disagree with portions of the Service Plan and wish to appeal its implementation (refer to [Policy 100.0055, Complaints and Hearings](#)).

Related Procedures

[Child Protective Services Child Safety Assessment](#)

[Child Protective Services Intake Summary](#)

[Juvenile Correctional Services Initial Assessments](#)

[Family Story, Risk and Protective Capacity Assessment and Service Plan](#)

Child Protective Services Child Safety Assessment

Procedure from Policy 700.0075: Comprehensive Assessment and Service Planning

- A. A Child Safety Assessment is completed during each investigation to determine if a child or youth is likely to suffer maltreatment in the immediate future, guide and document decision making in the removal or return of a child to the child's family during investigations and guide decision making on child safety factors, that if not addressed, pose a safety threat to a child.
 - 1. Child Protective Investigator (CPI) completes a Child Safety Assessment (DCYF #184) during each investigation for children at home.
 - 2. CPI completes a Safety Assessment - Investigation Institutional (DCYF #184A) for children living in foster care.
 - 3. The RICHIST generated DCYF #184 and DCYF #184A are created through the Investigation window as part of the investigation process (refer to RICHIST Window Help: Child Safety Assessment Window [Investigative]).
 - 4. Responsibilities of the CPI during a CPS Investigation are outlined in DCYF Policy 500.0075, Removal of Child from Home.
- B. A Safety Plan is developed when a safety threat has been identified in the DCYF #184 or #184A and a protective intervention is put into place to remediate the unsafe condition.
 - 1. The Safety Plan contains one or both of the following elements depending on the individual safety needs of each child in the family:
 - a. In-Home Safety Plan is developed when the protective capacity of the parent or caregiver can be enhanced or supported to create safety for the child.
 - b. Out-of-Home Safety Plan is developed if reasonable efforts have been unsuccessful in preventing the removal of the child from the home, or:
 - i. Existing protective capacity of the parent or caregiver cannot be enhanced or supported to provide for the child's safety; or
 - ii. There is no parent or caregiver to provide for the child's safety needs.
 - 2. The safety plan is implemented and active as long as threats to child safety exist and caregiver protective capacities are insufficient to assure a child is protected.
 - 3. The Safety Plan is the initial stage of the comprehensive family assessment process and contains information that must be reviewed at critical points through DCYF involvement and documented in the family's Service Plan
 - 4. The safety plan must be well planned and then written in a detailed manner. Each safety plan will:
 - a. Specify what foreseeable danger threats exist.
 - b. Identify how the foreseeable danger will be managed, including by whom, under what circumstances and agreements and in accordance with specification of time requirements, availability, accessibility and suitability of those involved.
 - c. Consider caregiver awareness and acknowledgement of safety threats and caregiver acceptance and willingness for the plan to be implemented.
 - d. Include how the plan will be overseen by Department staff across divisions.

Child Protective Services Intake Summary

Procedure from Policy 700.0075: Comprehensive Assessment and Service Planning

- A. Communication between the initial CPI and Intake staff occurs upon case transfer to Intake to ensure that the safety threats identified during investigation and the safety plan are fully communicated to and understood by the Intake worker receiving the case.
 - 1. In addition to transmission of necessary documentation, the primary staff assigned to the family engages DCYF workers, family members, caregivers, formal providers, informal providers and natural supports to the family in the ongoing monitoring of safety management.
 - 2. The safety plan is updated, if appropriate, to reflect the protective interventions in place to ensure child safety and manage risk factors.
- B. Intake staff completes the RICHIST generated Intake Summary (DCYF #071) as part of the intake process for non child abuse/neglect matters and new cases resulting from completed or pending child abuse/neglect investigations (refer to DCYF Policy 600.0000, Intake Process - Child Welfare (Non Child Abuse/Neglect) Matters, and DCYF Policy 600.0005, Intake Process for New Cases Resulting from Completed Child Abuse/Neglect Investigation - Indicated Case).
- C. The DCYF #071 builds upon the safety plan outlined in the Child Safety Assessment (DCYF #184) or Child Safety Assessment - Investigation Institutional (DCYF #184A) completed during the investigation and contains a summary of identifying family information on active and inactive children, current agency involvement and identification of issues impacting family functioning, prior DCYF history, protective capacity, risk factors and interventions, family strengths, formal and informal supports and receptiveness to intervention and the disposition of the case (refer to RICHIST Window Help: Intake Summary).
- D. The family may be assigned to a DCYF Family Services Unit or Juvenile Probation for further services or closed to DCYF. The family may be referred to:
 - a. Family Community Care Partnership (FCCP) with an agreed upon risk management plan.
 - b. Another community partner.
- E. If the family becomes active with DCYF, information from the DCYF #071 relating to current and prior DCYF involvement as well as protective capacities pre-fills into the RICHIST generated Family Story (DCYF #148 A) and Risk and Protective Capacity Assessment (DCYF #148 B) (refer to Procedure: Family Story, Risk and Protective Capacity Assessment and Service Plan).

Juvenile Correctional Services Initial Assessments

Procedure from Policy 700.0075: Comprehensive Assessment and Service Planning

- A. Juvenile Probation Staff
 - 1 A Probation Risk/Needs Assessment is used to identify risk to the community relating to the youth placed on Probation as well as family needs for the necessary supervision level of the youth (refer to DCYF Policy 800.0005, Juvenile Probation Supervision).
 - 2 Juvenile Corrections worker completes the RICHIST generated Probation Risk/Needs Assessment upon assignment to a youth on Probation and quarterly throughout the length of time the youth is on Probation (refer to RICHIST Window Help: Probation Risk/Needs Assessment Window and Probation Risk/Needs Re-assessment Window).
 - 3 The Family Story (DCYF #148 A) and Risk and Protective Capacity Assessment (RPCA) (DCYF #148 B) are completed in accordance with Procedure: Family Story and Risk and Protective Capacity Assessment.
- B. Rhode Island Training School (RITS)
 - 1 The Intake process for the RITS is outlined in DCYF Policy 1200.1100, Clinical Services at the Rhode Island Training School and includes, but is not limited to, the following:
 - a. Massachusetts Youth Screening Instrument Version 2 (MAYSI-2)
 - i. The MAYSI-2 determines the presence of acute mental health issues which may require prompt intervention for residents.
 - ii. The MAYSI-2 is administered by RITS staff to youth within forty-eight (48) hours of detention at the RITS.
 - b. The Global Appraisal of Individual Needs (GAIN) assessment
 - i. The GAIN evaluates a broad spectrum of mental health and substance abuse issues to determine necessary levels of treatment and placement of youth sentenced to the RITS.
 - ii. The GAIN is completed by the RITS Clinical Social Worker within thirty (30) days of a youth's adjudication to direct further assessment and service planning while the youth is at the RITS.
 - 2 The Family Story (DCYF 148 A) and Risk and Protective Capacity Assessment (RPCA) (DCYF #148 B) are completed in accordance with Procedure: Family Story and Risk and Protective Capacity Assessment.

Family Story, Risk and Protective Capacity Assessment and Service Plan

Procedure from Policy 700.0075: [Comprehensive Assessment and Service Planning](#)

- A. The documents used in the assessment process are the Family Story (DCYF 148 A) and the Risk and Protective Capacity Assessment (RPCA) (DCYF #148 B).
 - 1. The Family Story is a social and assessment summary that is continually developed throughout the course of DCYF involvement and includes information relating to agency involvement, parent and child history, family network, current assessment, current progress and case transfer/closure.
 - 2. The Risk and Protective Capacity Assessment (RPCA) is a tool used to document family information related to validated risk areas that, if present, may contribute to child maltreatment or repeat maltreatment. The RPCA determines, through the collection and analysis of information, the degree to which key risk factors impacting safety, permanency and well-being are present in a family situation that increase the likelihood of maltreatment to a child or adolescent and identifies protective capacities to mitigate identified risk.
- B. The assessment is completed in partnership with the DCYF worker, child (if age appropriate), parent(s)/caregiver(s), formal providers, informal providers and natural supports to the family.
 - 1. The assessment of safety and risk and subsequent decisions are made while considering the child's need for permanency and well-being and occur throughout the duration of the family's involvement with the Department, specifically at critical decision points including, but not limited to:
 - a. Initial opening to the Department
 - b. Change in family circumstances
 - c. Change in placement of child(ren)
 - d. Reunification and case closure
 - 2. The Family Story and RPCA are completed for all families receiving services through Family Services Units (FSU) and for all families of youth active with Juvenile Correctional Services (JCS) including youth assigned to a Probation Unit, adjudicated Rhode Island Training School (RITS) residents and pre-adjudicated residents anticipated to remain beyond thirty (30) days (refer to [RICHIST Window Help: Family Story and RICHIST Window Help: Risk and Protective Capacity Assessment](#)).
 - a. For families open to the Department as a result of a CPS investigation relating to an allegation of child abuse and/or neglect, the assessment process:
 - i. Includes parent(s)/caregiver(s) who have contact with the child and are providing care.
 - ii. Is used to assess every child in the household at the initial assessment and formal six month re-assessments.
 - iii. Is used to re-assess risk on every child in the household prior to reunification or significant changes in family situation.
 - b. For families open to the Department for issues that do not involve a CPS investigation relating to an allegation of child abuse and/or neglect (Truancy, Wayward, Delinquency, Drug Court, Children's Behavioral Health or JCS), the assessment process:
 - i. Includes parent(s)/caregiver(s) who have contact with the child and are providing care.
 - ii. Is used to assess every active child in the household at the initial assessment and formal six month re-assessments.
 - iii. Is used to screen inactive children for safety and risk issues documenting safety and well-being of inactive children at the

- initial assessment and formal six month re-assessments. Documentation includes the status of a child's substance use, mental health and developmental stability, educational stability, medical/dental needs and vulnerability and self protection.
 - iv. Is used to re-assess risk on every active child in the household prior to reunification or significant changes in family situation.
 - c. In dual supervision cases, staff communicate and collaborate around casework responsibilities and decisions (refer to [Policy 800.0000, Transfer and Dual Supervision of Youth by Juvenile Probation and Family Services](#)).
 - 3. Worker must attempt to engage all members of the family in the assessment process and document efforts in a case activity note. Worker is responsible to complete as much of the DCYF #148 A and #148 B as possible to effectively evaluate and address risk factors requiring DCYF's involvement.
 - 4. Once termination of parental rights occurs, the Family Story (DCYF #148 A) and RPCA (DCYF # 148 B) become child specific and documentation on each inactive child and parent(s)/caregiver(s) is no longer required.
 - 5. Assessment of safety and assessment of risk are two distinct, yet integrated critical functions in child protection. Communication between the Intake staff and ongoing primary worker is critical and occurs upon case transfer to ensure that the safety threats identified during investigation and/or intake and the safety plan are fully communicated to and understood by the primary worker receiving the case assignment.
 - a. In addition to transmission of necessary documentation, the primary staff assigned to the family engages DCYF workers, family members, caregivers, formal providers, informal providers and natural supports to the family in the ongoing monitoring of safety management.
 - b. The safety plan is updated, if appropriate, to reflect the protective interventions in place to ensure child safety and reduce risk of future maltreatment.
- C. The Service Plan is time-limited, individualized and strength-based.
 - 1. The Service Plan outlines how the family will mobilize their strengths and protective capacities to mitigate behaviors identified through the assessment process that contributed to child maltreatment leading to DCYF involvement.
 - 2. The Service Plan addresses the necessary behavior changes linked to risk factors that affect safety, permanency and child well-being and identifies the mutual responsibilities and expectations of each parent, child, the Department and formal, informal and natural supports toward achieving the identified permanency goal.
 - 3. For youth involved with Juvenile Corrections, the Service Plan also incorporates youth conditions of probation and the major factors that affect community safety.
- D. Action steps are written in the Service Plan, in language the family can understand, to provide detail on the services and supports that are available to assist the family to reach the behavior change goal (refer to [RICHIST Window Help: RPCA Link to Service Plan](#) and [RICHIST Window Help: Service Plan Procedures](#)).
- E. Engaging family systems and collateral contacts during assessment and service planning
 - 1. DCYF staff must make every effort to personally interview family members, including children, in the family's home, when appropriate. If not appropriate, worker documents reasons in the DCYF record (refer to [DCYF Policy: 700.0165, Worker Client Contact](#)).
 - 2. Ongoing communication and visits with the family, including individual, parent/child and/or family interviews, are utilized to continuously gather

- information and assess family dynamics and functioning relating to safety and risk.
3. Coordinated meetings occur with formal providers, informal providers and natural supports to the family throughout DCYF's involvement to capture comprehensive information about the family and to ensure ongoing family engagement. Meetings occur at a location appropriate to meet the needs of the family. A signed Authorization to Obtain or Release Confidential Information (DCYF #007 A and DCYF #007 B) must be obtained when appropriate.
 - a. The capacity of a child to participate will vary among children. Most school-aged children can be expected to participate to some extent if they are verbal and understand most of the events occurring in their lives.
 - b. As age appropriate, worker consults the child on the child's goals and services, reviews the plan with the child to ensure the child's input, explains the plan and terms used in language the child can understand, and includes the child in periodic service planning meetings.
 4. The Department is responsible to locate and engage absent parents. Efforts to engage and re-engage the family are documented in the DCYF record (refer to [DCYF Policy 700.0235, Locating and Engaging Absent Parents](#)).
 5. If a putative father notifies the Department that he may be the father of a child in care, steps must be taken to determine paternity. Once paternity is established, the father is included in the assessment and service planning process.
- F. Information collected by the Department relating to the family is entered into RICHIST in accordance with the time frames detailed in [DCYF Policy 700.0100, Rhode Island Children's Information System \(RICHIST\)](#).
- G. Workers obtain signatures on the Service Plan to confirm that all parties participated in the development, review, and revision of the plan and were provided the opportunity to agree or disagree with the content.
1. Each party signing the Service Plan has the right to disagree with the content of the plan and appeal implementation of the plan (refer to [DCYF Policy 100.0055, Complaints and Hearings](#)).
 - a. The primary worker explains the Department's appeal procedure to the parents and child, to the extent of his/her ability to understand, at each signing of the Service Plan (DCYF #032).
 - b. Worker assists each parent and child to participate in the appeal process by providing at a minimum a copy of the DCYF form #016, Formal Request for Hearing, instructions for completing the form, and guidance as to how to process the appeal through the various stages.
 2. The following individuals sign the Service Plan:
 - a. Parents/guardians
 - b. Children twelve (12) years of age or older (with capacity to participate)
 - c. DCYF primary service workers and supervisors
 - d. Foster parents or provider agency representatives who are involved in the development of the Service Plan and are directly responsible to provide the services prescribed in the Service Plan
 - e. Department staff person, other than the primary service worker, who is involved with the family
 - f. Pre-adoptive parents in cases where parental rights have been terminated and the child is in a pre-adoptive home where the foster parents have initiated the adoption process
- H. Timeframes for completion, review and approval of the Service Plan
1. Family Services and Juvenile Corrections youth assigned to Probation

- a. The initial DCYF #032 is completed by the assigned Family Services Caseworker or Juvenile Corrections worker within sixty (60) days of removal from the home or assignment to FSU/JCS.
 - b. In the event adjudication occurs on a Dependency, Neglect and/or Abuse petition prior to the timeframe above, the Service Plan is developed and submitted to the Court within thirty (30) days of the adjudication.
 - c. Subsequent Service Plans are completed by the assigned primary service worker at six (6) month intervals or within thirty (30) days of a change in the permanency goal.
 - d. For a child active in FSU/Probation where child abuse or neglect is subsequently indicated, the primary service worker is responsible for any needed changes in an existing DCYF #032 within thirty (30) days of the completed investigation.
 - e. Transition planning occurs during the appropriate timeframe outlined below in K.
2. Rhode Island Training School (RITS) adjudicated residents and pre-adjudicated residents anticipated to remain beyond thirty (30) days
- a. The initial Service Plan (DCYF #032) is completed thirty (30) days following adjudication for adjudicated residents and within 30 days following admission for residents anticipated to remain beyond thirty (30) days.
 - i. The DCYF #032 is developed during the initial service planning meeting, during which the treatment team examines all material gathered during intake.
 - ii. The treatment team is chaired by the Clinical Director or his or her clinical designee and includes the Unit Manager, a member of the education/vocational education staff, the Clinical Social Worker, a Juvenile Program Worker (JPW), the resident, the resident's parents/guardians and other resource personnel, including, as appropriate, a psychiatrist, psychologist, physician or other staff.
 - iii. The Family Story (DCYF 148 A) is prepared for this meeting and includes, but is not limited to, social history, family background, educational and vocational, behavioral, medical, applicable psychological, psychiatric and neurological information.
 - iv. For residents who are eligible for Special Education Services, the Service Planning and Individual Education Plan (IEP) processes are closely coordinated.
 - b. The primary JCS worker is responsible for creating and maintaining the DCYF #032 for the resident in RICHIST.
 - c. The RI Training School Education Program representative is responsible for entering educational information for the resident in RICHIST.
 - d. The Unit Manager is responsible for overseeing the implementation of the resident's Service Plan and for bringing it to the attention of appropriate staff.
 - e. The Service Plan is reviewed and, if appropriate, revised at the bi-monthly review meeting (refer to [RICHIST Window Help: RITS ITP/Bi-Monthly Review Completion](#)).
 - i. A bi-monthly review is chaired by the Unit Manager and attended by the treatment team. This review is required for all adjudicated residents and pre-adjudicated residents anticipated to remain beyond thirty (30) days.
 - ii. The treatment team considers progress in locating community placements for residents and in providing other services prescribed in the DCYF #032.

- iii. Unit Manager documents in RICHIST the date of the bi-monthly review, individuals who were invited and individuals who attended.
 - iv. The Clinical Social Worker revises the Service Plan if appropriate.
 - f. A new DCYF # 032 is completed in RICHIST by the assigned primary service worker at six (6) month intervals.
 - i. This generally occurs at the third bi-monthly review.
 - ii. A new DCYF #032 is also completed within thirty (30) days of a change in the permanency goal.
 - g. Transition planning occurs during the appropriate timeframe outlined below in L.
 - 3. In dual supervision cases, staff communicate and collaborate around casework responsibilities and decisions (refer to [DCYF Policy 800.0000, Transfer and Dual Supervision of Youth by Juvenile Probation and Family Services](#)).
 - 4. Any change in the DCYF #032 which does not alter the permanency goal for the child is entered as an Addendum to the DCYF #032. Changes must be acknowledged by the signature of all parties who originally signed the DCYF #032 (refer to [RICHIST Window Help FCRPCA/Service Plan Addendum](#)).
 - 5. Once a Service Plan is incorporated into a court order, any change in the plan must be put before the court in the form of a motion filed in advance of the court date. This motion must be filed in conjunction with DCYF legal staff with notice provided to other involved parties.
 - 6. The completed Service Plan is sent to the primary worker's supervisor for approval.
- I. Each Service Plan includes a Visitation Plan (refer to [DCYF Policy 700.0040, Visitation Policy](#)) if the child is in care including details specific to the following:
- 1. Parent/Guardian Visits
 - 2. Sibling Visits
 - a. The Department must make reasonable efforts to place siblings together in the same foster care, adoption or guardianship placement unless it is contrary to the safety or well-being of any of the siblings.
 - b. If siblings cannot be placed together because it is contrary to the safety or well-being of any of the siblings or because a sibling is a RITS resident, the Department must make reasonable efforts to facilitate visitation or ongoing contacts with siblings that cannot be placed together.
- J. Each Service Plan includes an Educational/Medical Statement, which contains federally required health and education information that must be provided to the foster care provider when a child enters placement. The Educational/Medical Statement contains information on the educational stability of each child including the most recent information required as follows:
- 1. Name and address of health and educational providers
 - 2. Grade level performance
 - 3. School record
 - 4. Assurances that the child's placement in foster care takes into account the appropriateness of the current educational setting and the proximity to the school in which the child is enrolled at the time of placement; and
 - 5. Assurances that the Department has coordinated with appropriate local educational agencies to allow the child to remain in the school in which the child is enrolled at the time of placement; or, if remaining in such school is not in the best interests of the child, assurances that DCYF and the local educational agencies provide immediate and appropriate enrollment in a new school, with all of the educational records of the child provided to the school. Reimbursement is

- provided to the foster care provider for reasonable travel for the child to remain in the same school he or she was attending prior to placement in foster care.
 - 6. Record of immunizations
 - 7. Known medical problems
 - 8. Medication
 - 9. Any other relevant health and education information concerning the child deemed appropriate by the agency
 - 10. Documentation to support if a child is not enrolled in school
- K. Each Service Plan includes a permanency goal specific to the family's situation including a projected date for achieving the identified permanency goal. The Department, in compliance with Federal Law, confers with the family to review the permanency plan of each child in placement at least every six (6) months (refer to [DCYF Policy 700.0030, Administrative Review](#)). The goals include:
- 1. Maintenance at home
 - a. For a child remaining at home, the permanency goal is maintenance of the child at home.
 - b. The child's safety must be assured.
 - c. The Service Plan must describe the services offered and provided to prevent removal of the child from the home including the individual services provided to each parent and child.
 - d. When this goal is selected, worker determines if the child is at imminent risk to be placed in substitute care in RICHIST (refer to [RICHIST Window Help: Service Plan Window](#)).
 - 2. Reunification
 - a. For a child in placement, the initial permanency goal is reunification in nearly all situations with specific exceptions as approved by the Family Court.
 - b. Family reunification is the planned process of reconnecting children in out-of-home care with their families by means of a variety of services and supports to the children, their families, and their foster parents or other service providers.
 - c. Service planning is directed toward addressing those behaviors associated with safety and risk factors which led to the child being removed from his or her home.
 - d. The Department assesses and refers the family to the appropriate array of services to achieve reunification in the shortest time possible with consideration for the child's safety and well-being.
 - e. The Service Plan must be designed to achieve a safe placement for the child in the least restrictive (most family-like) setting available, discuss the proximity of the child's placement to the home of the parents, and discuss how the placement is consistent with the best interests and special needs of the child.
 - f. For youth sentenced to the RITS, the initial permanency goal is generally reunification. For youth transferring from FSU or Probation, the goal then reflects prior history. At the time of the discharge/transition meeting, an appropriate permanency goal will be identified after a review of the youth's individual/family needs.
 - 3. Adoption
 - a. When reunification is not viable, adoption by relatives, foster parents, or a licensed adoptive resource is the preferred permanency goal.
 - b. The Service Plan must document the steps to finalize a placement including child-specific recruitment efforts to facilitate an orderly and timely in-State and interstate permanency placement when the permanency goal is or becomes adoption.
 - 4. Guardianship

- a. If the Department and the Family Court have determined that reunification and adoption are not viable permanency options and that it is in the best interest of the child to be placed with a kinship guardian, the Service Plan permanency goal is changed to guardianship (refer to [DCYF Policy, 700.0045 Legal Guardianship and Kinship Guardianship Assistance](#)).
 - b. The Service Plan must document the steps that the agency has taken to determine that it is not appropriate for the child to be returned home or adopted. The Service Plan must also address the following:
 - i. The reasons for any separation of siblings during placement;
 - ii. The reasons why a permanent placement with a fit and willing relative through a kinship guardianship assistance arrangement is in the child's best interests;
 - iii. The ways in which the child meets the eligibility requirements for a kinship guardianship assistance payment;
 - iv. The efforts the agency has made to discuss adoption by the child's relative foster parent as a more permanent alternative to legal guardianship and, in the case of a relative foster parent who has chosen not to pursue adoption, documentation of the reasons; and
 - v. The efforts made by the Department to discuss with the child's parent or parents the kinship guardianship assistance arrangement, or the reasons why the efforts were not made.
- 5. Another Planned Permanent Living Arrangement (APPLA) includes; Permanent Placement with a Fit and Willing Relative, Planned Living Arrangement /Independent living, when appropriate for youth over age 16, and Planned Living Arrangement/Other.
 - a. APPLA is a permanent placement for the child that identifies a lifelong connection.
 - b. The Service Plan must document the steps to finalize a placement including child-specific recruitment efforts to facilitate an orderly and timely in-State and interstate permanency placement when the permanency goal is or becomes APPLA. The Service Plan must specify who will be the permanent connection for that youth, if identified, and how DCYF is working to maintain that connection.
 - c. APPLA is appropriate only when the court has been provided with documentation that compelling reasons exist which make all other permanency options unacceptable. These reasons will be re-examined at each Administrative Review and every permanency hearing to assess whether a more preferred permanency option is possible.
 - d. ASFA indicates that a fit and willing relative can provide APPLA and that termination of parental rights does not have to occur within the allotted time frame if a compelling reason is provided to the Court.
 - e. A relative may be fit and willing to care for the child without being prepared to consider legal guardianship or adoption.
 - f. When determining if placement with a fit and willing relative is appropriate, the worker must consider the relationship between the child and parent(s), the child and relative(s) and the relative(s) and the child's parent(s). A compelling reason is documented and provided to the Court addressing the established relationships and why neither adoption nor guardianship is a viable permanency option.
- L. Transition planning occurs during the ongoing assessment process. Service Plans are updated to reflect behavior changes and actions steps to achieve permanency for each child. In compliance with Section 475 of the Social Security Act transition planning

occurs, and is documented in the Service Plan at minimum, during the following timeframes:

1. For each child age sixteen (16) or older, where appropriate, the Service Plan includes a written description of the programs and services that will help the youth prepare for the transition from foster care to independence (refer to [DCYF Policy 700.0200, Independent Living](#)). The Service Plan must address the following:
 - a. Housing
 - b. Financial support
 - c. Health care
 - d. Education/vocation planning
 - e. Procurement of necessary documents
 - f. Personal community support systems
2. During the 90-day period immediately prior to the date on which a youth in foster care will attain eighteen (18) years of age, the assigned worker and, as appropriate, other representatives of the child provide the child with assistance and support in developing a transition plan, documented in the Service Plan, that is personalized at the direction of the child and detailed as the child may elect.
 - a. The transition plan is focused around skills to gain independence and includes specific options on following areas:
 - i. Housing
 - ii. Health insurance
 - iii. Education
 - iv. Local opportunities for mentors and continuing support services
 - v. Work force supports and employment services
 - b. The transition plan includes information about the importance of designating another individual to make health care treatment decisions on behalf of the child if the child becomes unable to participate in such decisions and the child does not have, or does not want, a relative who would otherwise be authorized under RI law to make such decisions, and provides the child with the option to execute a health care power of attorney in accordance with RIGL 23-4.10-1 - 12,
3. Sixty (60) to ninety (90) days prior to the resident's anticipated end of RITS sentence, a bi-monthly review meeting, specifically designated a transition planning meeting, is held. (Refer to [RICHIIST Window Help: Transitional Living & Discharge Plan Templates](#).)
 - a. The purpose of this meeting is to delineate transition needs and to begin coordination of services that the resident will receive in the community.
 - b. If the treatment team concludes that a resident has completed all required programming and has suitable discharge/transition plans in place, the team recommends to the Superintendent that the Family Court be petitioned to consider early release. This recommendation is accompanied by a report, which includes the post-release plan summarizing the resident's progress at RITS, specifying any community placements, noting where the resident will live upon release and what after-care programming the resident will receive, and setting out the grounds for the recommendation.
 - c. The treatment team may also conclude that the resident has critical treatment needs which cannot be met at the RITS and should follow the same plan as above to seek the child's release.

M. Distribution of the Family Story, Risk and Protective Capacity Assessment and Service Plan

1. The primary service worker must use discretion to maintain the family's right to privacy. A signed Authorization to Release Confidential Information (DCYF #007

- A) must be obtained when appropriate (refer to [DCYF Policy 100.0000, Confidentiality](#)).
2. The Family Story, Risk and Protective Capacity Assessment and Service Plan are included in referral packets for treatment providers and placement providers.
 3. The Family Story, Risk and Protective Capacity Assessment and Service Plan are accessible in RICHIST to quality assurance staff in DCYF Data and Evaluation for review prior to scheduled administrative reviews or during routine child and family service reviews.
 4. The original signed Service Plan is filed in the case record. A copy is given to the parents, and copies are provided to children, if age appropriate, and to each outside agency involved in the development of the Service Plan or directly responsible to provide services prescribed in the Service Plan.
 5. The Educational/Medical Statement is updated and provided to the foster parent/provider at the time of each placement. Federal Law requires the Department to provide, at no cost, a copy of the child's health and education record to the child at the time the child exits foster care at age of majority.
 6. The Educational/Medical Statement is provided to the foster parents separate from the Service Plan if it is not appropriate for the caretakers to receive the entire Service Plan.
 7. Copies of the Service Plan are periodically provided to the Family Court in situations where there is Court involvement with the family.
 - a. Within thirty (30) days of adjudication on a Dependency/Neglect/Abuse petition;
 - b. No less frequently than on an annual basis at the time of the Permanency Hearing (refer to [DCYF Policy 1100.0000, Obtaining Custody of Child through the Dependent/Neglect/Abuse Petition](#)), and;
 - c. At the time of the Family Court review of voluntary placements
 8. A copy of the Service Plan is given to the CASA or Guardian Ad Litem (GAL).